

# **EXHIBIT F**

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**DATE:** November 22, 2011.

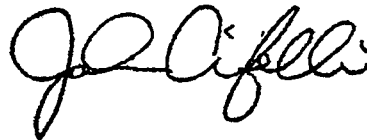
**TO:** Aetna

**RE:** D [REDACTED] O [REDACTED]

**CLAIM #:** EPAARC05T00 and ENYZRCRCT02

**FROM:** Dr. John Cifelli

**CONTACT NAME:** Maria



**TOTAL PAGES + COVER:**

**MESSAGE: I am appealing non-payment for the primary surgeon for procedure codes 63047-59, 63048-59 and 63030-59 for Ms. D [REDACTED] O [REDACTED] surgery on 4/8/2011. They are all separate and distinct procedures as indicated by modifier-59. As indicated on the operative report, the amount of bone removed for decompression at both the L5 and S1 levels (i.e. 63047 and 63048) levels was more extensive and time consuming than normally required for a routine posterior lumbar interbody arthrodesis and fusion. The amount of L5-S1 disc removed (63030) for decompression was also more extensive and time consuming than usually required for a routine PLIF. 63047 represents extensive bilateral L5 foraminotomies for decompression. 63048 represents a left S1 lateral recess decompression and foraminotomy for bony stenosis decompression. Therefore, payments should be paid for all three codes.**

**I am also appealing non-payment of procedure codes 22612-AS and 20937-AS for the assistant surgeon. Th primary surgeon has already been paid for these codes.**

**REGARDING THE CAPTIONED MATTER, KINDLY ACCEPT THIS LETTER AS OUR FORMAL REQUEST FOR AN "APPEAL/SECOND LOOK"**

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